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Bib Data Sheet

CONFIRMATION NO. 6537

SERIAL NUMBER 10/645,046	FILING DATE 08/21/2003 RULE	CLASS 600	GROUP ART UNIT 3736	ATTORNEY DOCKET NO. 41942-05541
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APPLICANTS

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**** CONTINUING DATA *******

This application is a CIP of 10/371,658 02/21/2003 PAT 6,650,918 ✓
 which claims benefit of 60/359,018 02/22/2002

**** FOREIGN APPLICATIONS *******

none

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
**** 11/14/2003**

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY CO	SHEETS DRAWING 19	TOTAL CLAIMS 36	INDEPENDENT CLAIMS 4
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TITLE
 Cepstral domain pulse oximetry

FILING FEE RECEIVED 1122	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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